



Michigan Department of Natural Resources  
Forest Management Division - Cooperative Resources Section



## FOREST STEWARDSHIP MANAGEMENT PLAN QUESTIONNAIRE

*This information is voluntary under authority of Part 340 of Act 451, P.A. 1994, as amended, to provide forest management information that is easy to use and determine how well DNR is doing and where improvements can be made.*

INSTRUCTIONS: Please print or type.

1. Name of Plan Preparer:	2. Prior to development of your Forest Stewardship Management Plan, has a forester assisted you with your land during the last five years? <div style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</div>																																				
3. When starting the process of developing a Forest Stewardship Management Plan, what was your <b>primary</b> interest?																																					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> Wildlife</div> <div style="width: 20%;"><input type="checkbox"/> Timber Stand Improvement</div> <div style="width: 20%;"><input type="checkbox"/> Tree Planting</div> <div style="width: 20%;"><input type="checkbox"/> Water Quality</div> <div style="width: 20%;"><input type="checkbox"/> Aesthetics</div> <div style="width: 20%;"><input type="checkbox"/> Timber Harvest</div> <div style="width: 20%;"><input type="checkbox"/> Endangered Species</div> <div style="width: 20%;"><input type="checkbox"/> Erosion Control</div> <div style="width: 20%;"><input type="checkbox"/> Recreation</div> <div style="width: 20%;"><input type="checkbox"/> Other (specify):</div> </div>																																					
4. Was your visit with the forester (check all that apply): <input type="checkbox"/> Field Visit <input type="checkbox"/> Home or Office Visit <input type="checkbox"/> By Phone																																					
5. How would you rate the value of the person who helped you develop your Forest Stewardship Plan?																																					
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8. How much of your plan's suggestions do you hope to implement over time? (check one)																																					
<input type="checkbox"/> Under 30% <input type="checkbox"/> 30% - 70% <input type="checkbox"/> Over 70%																																					
9. Do you have any suggestions/comments regarding the Forest Stewardship Program and/or your management plan?																																					
10. Assistance (on site or technical information) in implementing your plan may be available from your plan preparer, county Conservation District, and/or the DNR. If you would like someone to contact you, please complete the following:																																					
Name:	Telephone Number: (       )	County:	Date:																																		

**Return completed questionnaire in the enclosed postage paid envelope to:**

COOPERATIVE RESOURCE PROGRAMS SECTION  
DNR - FOREST MANAGEMENT DIVISION  
PO BOX 30452  
LANSING MI 48909-7952